

THE Bulletin



October 2015 Volume 103, Number 20

Human Trafficking Toolkit Issue

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THE Bulletin

Read by 96% of GCMS members.

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Our Vision

That the Genesee County Medical Society maintain its position as the premier medical society by advocating on behalf of its physician members and patients.

Our Mission

The mission of the Genesee County Medical Society is leadership, advocacy, education, and service on behalf of its members and their patients.

PLEASE NOTE

The GCMS Nominating Committee seeks input from members for nominations for the GCMS Presidential Citation for Lifetime Community Service. The Committee would like to be made aware of candidates for consideration.

THE BULLETIN

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IT HAS BEEN AN HONOR AND A PLEASURE

And so, October is upon us once again. This is my last month as your President, and this is my last Presidents' Message. It has been an honor and a pleasure to serve you and to serve alongside you. I would actually like the chance to do this again, to do it better, when my life is less crazy. It has been fun, and productive.

I would like to thank all of you, the members of Genesee County Medical Society, for your hard work and dedication to your patients, this community, and this Society. I also appreciate and am constantly amazed by the work of our Alliance members.

A special thanks to all of the very hard working, dedicated GCMS Board members. I merely led the meetings, they do all the work! Thanks to my husband Terry, and my son Chris, for not complaining too much about my continual absences. Thank you also to all the folks at Fenton Medical Center for carrying the load when I was absent. And finally, this job could not be done without the knowledge, dedication, and support of the staff at GCMS. Mr. Pete Levine, and Ms. Sherry Smith. They did an incredible job with very few



Deborah Duncan, MD

resources, I owe them both a great debt of gratitude.

This issue of The Bulletin is dedicated to the Physicians Toolkit on Human Trafficking developed by GCMS for use statewide. We have been extremely fortunate to have the talent of Kristin McBride, MSW. She was hired under a grant from the State of Michigan, and she has shepherded the Human Trafficking Toolkit, and the highly successful and very interesting Community Symposium on Human Trafficking a few weeks ago. We shall miss her smile and her quiet competence. Please take time to review

this very important document.

The GCMS President's Ball, also known as "The Queen's Royal Ball," will be held on Saturday, November 7th, at Warwick Hills Golf & Country Club. There is nothing more embarrassing than giving a party where nobody comes, so I would really appreciate if you would all come out and party with me. (Please also consider sponsoring, because it's for a good cause.) I look forward to seeing all of you there!

*The
Queen's
Royal Ball*

11/7/2015

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BY 10/30/15

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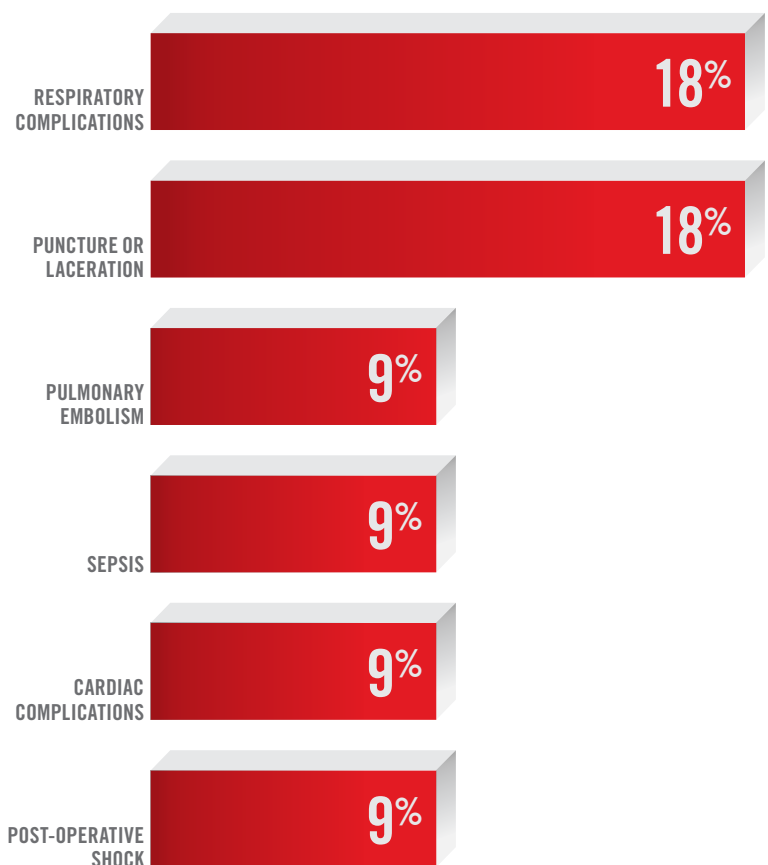
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Source: The Doctors Company

DRUG COMPANIES KNOW THAT IT IS WISE TO ADVERTISE

"One of the first duties of the physician is to educate the masses not to take medicine."

Sir William Osler (1849 – 1919)

They lurk in the physician's outer office armed with convincing literature praising the latest miracle drug; be it pill, powder, lotion, solution, balm, or elixir. They take the first opportunity to pounce on the doctor and plead their case that this is the magic pill (powder, lotion, etc.) for every ill. The time-stressed medic feels helpless to dispute the obviously overwhelming "evidence" and caves. But the culprit is not a slick-talking company detail person. No, often it's the patient themselves muscling the physician to prescribe.

Once prevented from aggressive direct-to-consumers advertising by government regulations, pharmaceutical manufacturers now view this promotional tool as the best way to stimulate demand. In 1991, drug companies spent \$55 million on DTC advertising. Between 1996 and 2000, advertising of patented drugs tripled to about \$2.5 billion, and totaled about \$4.5 billion in 2009.

Why spend billions on DTC advertising when patients can only obtain these drugs with a prescription from their doctor? Because it works! The average number of prescriptions per person in the U.S. increased from 7.3 in 1992 to 10.4 in 2000. And the prescribed drugs are the more expensive and heavily advertised drugs. In just one year, 1999 to 2000, prescriptions for the 50 most advertised drugs rose six times faster than prescriptions for all other drugs, according to Katherine Greider's book, "The Big Fix." DTC advertising builds brand awareness in the minds of patients, and encourages patients to visit their doctor and ask for the product by name.

Surveys have shown that when a patient requests a specific medication that they saw touted in a television



Daniel Ryan, MD

or print ad, the physician writes the exact prescription more than 70% of the time. It's often easier and faster to give the patient what they want than to take the time to explain reasons for alternative and possibly less expensive therapies, or no treatment at all.

Television commercials for patented drugs, especially rife on the evening network news broadcasts, follow a similar script. The actor/patient's life is plagued by pain (insomnia, reflux, incontinence, allergies, depression, etc.). Then the protagonist tells how wonderful life is while taking the product. Meanwhile, a speed-talking voice over rattles off the

adverse effects. These ads exaggerate the benefits while downplaying the hazards of the product. And we all take the bait; hook, line, and sinker.

Advertisers claim that their sole intent is to "educate" the patient. Many physicians feel DTC ads tend to encourage their patients to become more involved in their own care. But patients are generally not well trained in medicine and pharmacology. They are not in a position to judge the appropriateness of a particular drug.

The United States and New Zealand are the only countries that permit DTC advertising of patented medicines. This cat is out of the bag and is not going back in soon. The cost of drugs could be reduced instead of spending billions on promotion directed at patients. Physicians should follow the wise advice of Dr. Osler and take a leadership role by critically appraising the real value of a particular drug instead of bowing to pressure from patients, who usually don't know better, and industry, whose interests are often profit first.



The Queen's Royal Ball

11/7/2015 • R.S.V.P. • BY 10/30/15



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THE HUMAN TRAFFICKING TOOL KIT! READY FOR PRIME TIME

This is a cornerstone issue of the GCMS Bulletin. It contains the entire contents of a human trafficking toolkit for medical professionals which GCMS staff, Kristin McBride, MSW, in particular, has been working on for several months. The project was funded by the Michigan Department of Health and Human Services with the Greater Flint Health Coalition serving as fiduciary. A Physician Review Committee provided oversight of the contents of the toolkit. It has been revised several times during the short period of time that this project has been active. Please review it. You will soon receive copies of this document via mail as well. Please do not throw it out. Share it with your staff. If more copies are needed, please email Sherry Smith, GCMS Executive Secretary, at ssmith@gcms.org, or call 810-733-9923.

In mid-September, we hosted a Community Symposium on Human Trafficking. There were approximately 130 people in attendance from as many as three dozen agencies, as well as the general public. The faculty was magnificent, and the audience was riveted by the information.

We have to thank the patient support of the staff of the Greater Flint Health Coalition for helping us walk



Peter Levine, MPH

through the unfamiliar territory of subcontracting. We have to thank the Michigan Department of Community Health for its confidence in the Medical Society and for choosing our organization in particular to carry out this task. We have to thank the Genesee County Human Trafficking Task Force for its leadership in the field of trafficking, and Jay Kommareddi for her leadership in the field of trafficking, both in this community and statewide. There are so many others to thank. The Physician Review Committee is listed elsewhere in this issue of The Bulletin, but I would like to personally thank them for their continuing efforts.

On a personal note, I would like to thank my wife for introducing me to the issue of human trafficking via her years of experience as a social worker in the roughest areas of Flint and Lansing. I would also like to thank Sherry Smith for keeping up with things while the toolkit project was going on.

It is so exciting to see such beautiful output produced by so many committed individuals, all pulling in one direction. Thank you all.

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What happens if you do NOT make an estate plan

By *Timothy H. Knecht, Esq*
Cline, Cline & Griffin, P.C.

If you die without a Will or a Trust, the State of Michigan has a plan for you and you may not like that plan.

First, anything which is jointly owned with another person goes to that other person. For example, if you are married and your spouse is joint on your bank accounts, investment accounts or joint on your home or other real property, your spouse will become the owner of those bank accounts, investment accounts or property. If one of your children or someone else is joint on any of your accounts, that child will become the owner of that account (and is not required to share with any siblings). If you have a work sponsored retirement account, your spouse is automatically the primary beneficiary of that account unless he or she has signed off. IRAs are treated differently than work sponsored retirement accounts. You can name whomever you want as the beneficiary on an IRA. Upon your death, that person becomes the owner of the IRA. If you have not named a beneficiary, or that beneficiary is deceased, the Probate court gets involved.

Life insurance is treated much the same way. If you have named a beneficiary for your life insurance policy, upon your death, that person receives the life insurance policy proceeds. If you have not named a beneficiary for your life insurance policy or if the beneficiary you have named is deceased, the Probate Court gets involved.

For annuities, the beneficiary receives the annuity upon your death. If your beneficiary is deceased or if you do not name a beneficiary, the Probate Court gets involved.

If you die without a Will or Trust, all the assets which are not directly transferred to a joint owner or beneficiary get distributed by the Probate Court as follows: if you are married, your spouse receives the first \$221,000.

of all those assets which are not joint or covered by a beneficiary designation. If you have children, the rest of the probate assets are divided between your spouse (1/2) and your children (1/2), as long as your children are children of you and your spouse. There are also some allowances that may be paid. Your family may be entitled to a Homestead Allowance in the amount of \$15,000 and a "reasonable" Family Allowance. If you are unmarried and/or have no children, your parent or parents who are surviving become the primary beneficiary. If you do not have a surviving parent or parents, your brothers and sisters who are surviving and/or the children of your deceased brothers and sisters become the beneficiary. The progression continues on until your distant cousins become the final beneficiaries of whatever you have in this situation.

If you have minor children, the children's surviving parent, if there is one, becomes the Guardian automatically. If there are no surviving parents, your children will be made wards of the state and a Guardian will be appointed for them until they reach the age of 18.

Though this is a plan, it is fraught with many pitfalls, including the cost of probating your estate. Children become adults at 18 and inherit the money outright. Very few 18 year olds are wise enough to keep any of the money they inherit for more than a short period of time. Who would want to have the State appoint a guardian for their minor children?

The good news is that you have a choice. You can make a Will. If you make a Will, at least you have a plan for guardianship of your children and distribution of your property, but the Probate Court still gets involved. You can also choose to set up a Revocable Living Trust and make the Trust the owner or beneficiary of your assets and avoid the Probate Court process (and expense) entirely. The choice is yours.

Please feel free to contact the undersigned for a more in-depth discussion of this complex issue.

RESPECTUFLY SUBMITTED
 AND PREPARED BY:

Timothy H. Knecht
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Local Reflections on a Worldwide Epidemic

As my experience at Genesee County Medical Society comes to a close, I find myself reflecting upon my experiences with a new appreciation for interdisciplinary work. As the Human Trafficking Program Coordinator I had a baseline knowledge of the issue as an epidemic that transcends socioeconomic status, sexual orientation and gender identity, age, occupation, and location.

We as a society have identified an issue that will prey upon the vulnerabilities of any group or individual. Social workers, physicians, nurses, hospitality staff, teachers, and law enforcement officers are only a few of the professionals who come in contact with victims. Each professional group has a different mission, set of values, and is attuned to distinct warning signs. My work over the past six months has made me more acutely aware of the necessity for interdisciplinary practice.

I am so appreciative of the individuals who supported the creation of the Human Trafficking Victim Identification Toolkit and those who spoke at or attended the Community Symposium on Human Trafficking because these individuals have identified that every single person has a role to play in the fight against human trafficking. No single group can effectively diminish the effects of human trafficking. Coming together and sharing our knowledge

and expertise aligns us against the enemy and makes our efforts more impactful.

These past six months have flown by and I feel I have only made a small dent in the problem of human trafficking in Genesee County. My email address and contact number will remain intact for people to reach me with questions about human trafficking. I look forward to remaining in the area and participating on the Genesee County Human Trafficking Task Force; however, my participation is contingent on employment in the area. Wherever I land I know that my new role will foster contacts and skills that will help in the fight against human trafficking.

I challenge readers to get involved any way they can because the fastest growing criminal enterprise will not fall with the work of only a handful of residents. Every person has something to offer this fight; time, money, contacts, goods, services, knowledge, or skills. Please contact Sherry Smith to find out how you can get more involved in the fight against human trafficking.

Thanks!

Kristin M. McBride, LLMSW

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October Topic: What's New with HealthPlus?

November, December: No meeting

January Topic: ICD-10 Update

*February Topic: Great Lakes Health Connect –
Impact on Practices*



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Monday of each month at 8:00am in the Rapport Conference Room at
the GCMS office.

You may contact Pete Levine at plevine@gcms.org or call **810.733.9925**,
if you would like to participate.

This is a valuable opportunity; don't let it go to waste!



Flint Healthcare Employment Opportunities (FHEO) Program Linking Healthcare Employers with Qualified, Credential Trained Employees

Is your practice or healthcare facility in the market for well-screened, trained, and certified healthcare employees? The Greater Flint Health Coalition (GFHC) and its Flint Healthcare Employment Opportunities (FHEO) Program specializes in the training of such individuals. Serving healthcare employers since 2002, the FHEO Program is a healthcare sector workforce development program that assists with the training and development of high-quality healthcare employees based on expressed employer talent needs. To date, over 800 FHEO Program graduates have been placed within area hospitals, medical practices and other healthcare facilities at no cost to employers.

The FHEO Program currently has employment candidates that have completed a variety of healthcare career trainings, including **Certified Nurse Assistants, Medical Assistants, Health Unit Coordinators, Pharmacy Technicians, Phlebotomists and Emergency Medical Technicians**. Each have completed 120 hours of healthcare focused life skills training, as well as industry-recognized credential training. The Flint Healthcare Employment Opportunities (FHEO) Program is an employer-led demand-driven healthcare training program designed with the intent to provide healthcare training to Flint and Genesee County residents, while decreasing the skills gap in the healthcare industry.

For over 10 years, the FHEO Program has produced highly qualified candidates that not only obtain employment but, maintain employment. If you would like further information about the FHEO Program and available candidates, please feel free to email Penny Poplar, Program Coordinator at gfhc@flint.org or call at (810) 232-2228.

FLINTHE-18B1 ArticleforMedicalSocietytoEngageemployers.062315.pp

Genesee County Medical Society Dinner Business Meeting

September 10, 2015
Minutes

I. Call to Order:

The meeting was called to order at 6:45 p.m. by Deborah Duncan, MD, President, in the dining room of the Flint Golf Club.

II. Introduction of Guests:

Dr. Duncan introduced guests. She asked all of the medical students, fellows, and residents to stand and be recognized. Dr. Duncan introduced Doug Dietzman, Executive Director of Great Lakes Health Connect, Attorney Jonathan Hartman of Cline, Cline, & Griffin, Asif Ishaque, President of PMC PO, Steve Shapiro, DO, member of the Greater Flint Health Coalition Board of Directors, Bonita Wang, DO, President of the Genesee County Osteopathic Association, and a member of GCMS. She also introduced Lori Kunkle, Chief Operating Officer of the Greater Flint Health Coalition.

Lori Kunkle provided a brief overview of some Advance Care Planning seminars, which are being held in the near future.

Dr. Duncan noted that PPI Communications, and the Emergency Medical Center of Flint are the endorsed programs, and she introduced Brenda Craft, Clinic Manager, to those assembled.

Dr. Duncan also reported that Sanofi had sponsored the meeting that evening, and thanked them for their support. She introduced Mark Saundergard, who gave a brief introduction to Sanofi and its desire to cooperate with the Genesee County Medical Society.

Pete Levine introduced the Human Trafficking Toolkit for Physicians, which was developed on a grant from the Michigan Department of Health and Human Services. He noted that the Toolkit would be mailed to each member's office.

III. Review of Minutes from May 7, 2015 Dinner Business Meeting:

Motion: That the minutes of the May 7, 2015 Dinner Business Meeting be approved as published in The Bulletin. The Motion Carried.

IV. Nominating Committee Report

Dr. Duncan reviewed the Nominating Committee report published in the August 2015 issue of the GCMS Bulletin. A printed Slate of Nominees was also available on each table.

Motion: That the Slate of Nominees prepared by the Nominating Committee and approved by the GCMS Board of Directors, and published in the August 2015 Bulletin be approved by acclamation. The Motion Carried.

Dr. Duncan congratulated Dr. John Hebert, III, who will serve as President Elect when Dr. Pino Colone becomes President in November.

V. Introduction of Speaker, Town Hall Meeting

Dr. Deborah Duncan, President, introduced Doug Dietzman, Executive Director of Great Lakes Health Connect. Mr. Dietzman has overall responsibility for Great Lakes Health Connect's business and technical operations. Great Lakes Health Connect is Michigan's largest health information organization. It currently covers 82% of the licensed acute care beds in the state of Michigan, as well as 4,000 physician offices.

Genesee County Medical Society Dinner Business Meeting

September 10, 2015
Minutes

The presentation by Mr. Dietzman elicited substantial discussion. Questions continued for quite a while.

VI. Next Meeting:

The next General Membership Meeting will be the Presidents' Ball on November 7, 2015 at Warwick Hills Golf & Country Club and the next Town Hall Dinner Business Meeting is scheduled for February 4, 2016.

VII. Adjournment:

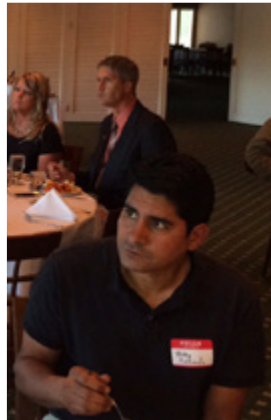
No further business appearing. The meeting was adjourned at 8:45 p.m.

Submitted by,

Peter Levine, MPH

Executive Director

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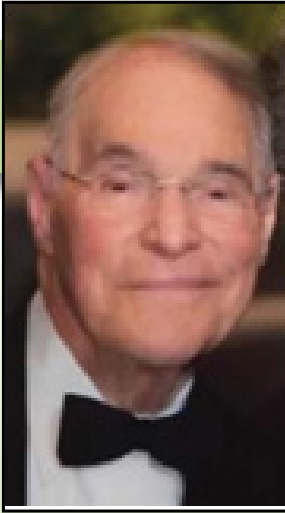
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OBITUARIES



Jack E. Portney, MD

In early September, Jack Portney, MD passed away. He is survived by his wife of 62 years, Rita, as well as his three children and many grandchildren. Dr. Portney attended medical school at University of Michigan, receiving his MD degree in 1951. He interned at Harper Hospital in Detroit, and performed his residency at Deaconess Hospital, also in Detroit, and at St. Joseph Hospital in Flint. He was on staff at St. Joseph Hospital in Flint. He was in private practice from 1951 until 1992. Dr. Portney became a fellow of the American Academy of Family Physicians in 1976. He served in the Army during World War II, from 1943 to 1946.

Dr. Portney served on several Genesee County Medical Society committees, including the Program Planning Committee, the Pharmacy Liaison Committee, the Membership Committee, the Hospital Credentials Committee, and the Medical Assistant Advisory Committee, all of the Genesee County Medical Society.



If you or someone you know would like to advertise in The Bulletin please contact Sherry Smith at ssmith@gcms.org or Call (810) 733-9923.

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The Genesee County Human Trafficking Task Force Meeting

September 17, 2015



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Genesee County Medical Society Member



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HAPPY BIRTHDAY DOCTOR

OCTOBER

Eleuterio Lumaque, MD..... 1	Lee Perry, MD 10	Wayne Kinning, MD, FACS . 19
Walter Barkey, MD 2	Kavita Rajkotia, MD..... 11	Joseph Ramzy, MD 19
Tintin Manuela-Abad, MD 2	Eric Rosenbaum, DO 11	Allan Ebert, DO..... 20
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11/7/2015

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Check Out Our Website www.gcms.org

YOUR \$\$\$ AT WORK

- GCMS held a practice managers meeting on “What is New with BCBSM and BCN”
- GCMS helped several members with medical staff privilege issues
- GCMS helped two physicians with third party payer issues
- GCMS met with payer Medical Directors on physician related issues
- GCMS Board released a resolution asking the City of Flint and the County of Genesee to work together to issue an advisory on lead levels in City of Flint water
- GCMS Coordinated with other organizations to hold a press conference on the need for an advisory on lead levels in Flint water
- GCMS held a Town Hall Dinner Meeting on Great Lakes Health Connect
- GCMS released the completed Human Trafficking Tool Kit for Health Care Providers
- GCMS held a Community Symposium on Human Trafficking with approximately 130 attendees
- GCMS staff met with Michigan Council of Medical Society Executives as well as MSMS Executive Team to coordinate activities

GCMS MEETINGS

— October 2015 —

Practice Managers, 10/22
8am, GCMS Office

6pm, GCMS Office

MSF Fundraising Committee, 10/22
6pm, GCMS Office

Finance Committee, 10/27
5:30pm, GCMS Office

C-Section Task Force, 10/26

Board of Directors, 10/27
6pm, GCMS Office

Community & Environmental Health Committee, 10/28
12:30pm, GCMS Office

2015 GCMS Presidents' Ball
November 7, 2015 - 6 o'clock pm
Warwick Hills Golf & Country Club

'TOOLKIT' IS ACCESSIBLE WEAPON AGAINST HUMAN TRAFFICKING

By PAUL NATINSKY

It's often been said that it's not what you say but how you say it. In efforts against the scourge of human trafficking, it's probably both.

In a collaboration with the Greater Flint Health Coalition and with the backing of a Michigan Department of Health and Human Services grant, the Genesee County Medical Society created a "toolkit" directed at primary care physicians, but suitable for other health care providers and the general public.

Featuring a booklet teaching physicians and other health care providers how to identify, interview and treat victims of human trafficking, the kit also includes posters with hotline numbers printed on them, prescription pads and cover letters from the presidents of GFHC and GCMS.

The toolkit is available in ready-to-print PDF format ([click here](#)) and 2,000 hard copies have been printed and distributed to physicians and other health care providers and organizations.

"We are very proud of it! Steal it! Claim it! But most of all, just use it," said GCMS Executive Director Peter Levine, MPH, who supervised the project.

The battle against human trafficking and for its victims has been the subject of Michigan state legislation, state committees and commissions and volunteer efforts. A package of bills to help health care providers, law enforcement personnel and victims passed in the last legislative session has been accompanied by educational videos and grants from various sources to combat the problem. The toolkit fits comfortably into the existing arsenal of resources.

Levine said the toolkit is an artfully distilled and composed resource gleaned from materials suited for tertiary care settings. The kit's architect is Kristin McBride, a skilled and passionate advocate who moved to Flint to spearhead the project while she finished her master's degree in social work.

The result is nothing less than stunning. Sections on barriers to victims' disclosure are complemented with comprehensive, but easily accessible lists of signs and symptoms to look for, interview techniques, sample questions and a lexicon of terms commonly used in the "industry." At 20 pages, the toolkit is succinct and usable as a field guide.

"The issue of human trafficking is finally gaining the attention it warrants as it has long been an under-the-radar issue," said GFHC President & CEO Kirk Smith, MHSA. "The creation of a state commission on human trafficking is a positive indication of the will to do more to identify and support victims of trafficking in Michigan."

Human trafficking is defined as labor or sex work forced on victims through "force, fraud or coercion." Once popularly thought of as a Third World problem, recent statistics have shown that women, men and children are subjected to trafficking in the developed world. In Michigan alone, 435 cases have been identified between December 2007 and May 2015, and 1,818 calls have been placed to the National Human Trafficking Resource Center from the state, according to numbers cited in the toolkit.

Victims are overwhelmingly female, with 114 involving women and girls and 16 involving men and boys, according to 2014 numbers. The victims, once thought to be mostly foreign nationals are actually U.S. Citizens by a strong majority, according to numbers from the toolkit.

Against this backdrop, a movement joining grassroots advocates with state and national officials has grown, and the toolkit is the most recent resource added to the campaign.

"The vision for the toolkit project was to create an evidence-based toolkit that provides physicians and other health care professionals with the insight and information to identify and support victims of human trafficking," said Smith.

Labor and refugee trafficking is rampant worldwide and locally," said Levine. "We need to be reporting cases to the federal reporting system, but the only way to increase reporting is to increase the ability to recognize cases. This toolkit is designed to help physicians do that, and to help them learn how to handle the cases and where to refer them. But the toolkit can be used by anyone. It is understandable at any level. You do not have to be a physician to benefit from it. We really hope it gets wide use."

The number for the National Human Trafficking Resource Center is 1-888-373-7888, or text "HELP" to BEFREE (233733).

**"WE ARE VERY PROUD OF IT! STEAL IT!
CLAIM IT! BUT MOST OF ALL, JUST USE IT,"**

HUMAN TRAFFICKING VICTIM IDENTIFICATION TOOLKIT

for Physicians and Other Medical Professionals

The background features two hands reaching upwards. The hand on the left is light-skinned, and the hand on the right is dark-skinned. A dark brown tag is attached to the light hand with a thin black string. The tag has the text 'RECOGNIZE HUMAN TRAFFICKING' written on it in white and black letters.

**RECOGNIZE
HUMAN
TRAFFICKING**

Genesee County Medical Society

in partnership with the

**Michigan Department of Health and Human Services and
Greater Flint Health Coalition with great appreciation to the
Genesee County Human Trafficking Task Force for its leadership
in united community response to ending human trafficking**

NATIONAL HUMAN TRAFFICKING RESOURCE CENTER

1-888-373-7888



4438 Oak Bridge Dr., Suite B
Flint, Michigan 48532
810.733.9923 Ph
810.230.3737 Fx

Dear Medical Professionals,

The Genesee County Medical Society, the Michigan Department of Health and Human Services, and the Greater Flint Health Coalition would like to present you with the *Human Trafficking Victim Identification Toolkit for Physicians and other Medical Professionals*.

Human trafficking is a complex system of international and domestic crimes impacting the health of victims, young and old, male and female. It crosses every ethnic, social, religious, and racial divide. While this problem has plagued the world for centuries and continues to have a devastating impact on our children and families, we have an opportunity to help better inform the healthcare community about the physical, mental, and emotional ramifications of human trafficking and the signs that can help professionals identify trafficked individuals.

The purpose of this toolkit is to help medical professionals develop the knowledge to identify trafficked individuals who they may be seeing day to day and to create a standard reporting process to reduce the number of victims who currently fall through the cracks. It also contains resource links to connect the reader with expanded information.

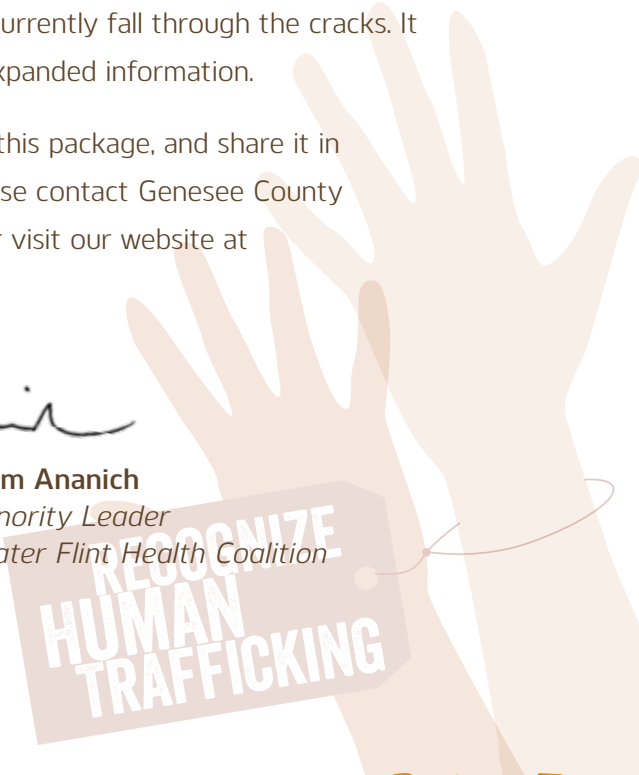
Please take a moment to review the toolkit contained in this package, and share it in your office or organization. If you need more copies, please contact Genesee County Medical Society at 810-733-9923 or ssmith@gcms.org or visit our website at <http://gcms.org/bulletins.php>.

A handwritten signature in black ink, appearing to read "Deborah Duncan".

Deborah Duncan, MD
*President, Genesee County
Medical Society*

A handwritten signature in black ink, appearing to read "Jim Ananich".

Senator Jim Ananich
*Senate Minority Leader
Chair, Greater Flint Health Coalition*



**PLEASE VISIT THE GENESSEE COUNTY HUMAN TRAFFICKING TASK FORCE
FOR MORE INFORMATION. WWW.FACEBOOK.COM/GCHTTF**

INTRODUCTION

Human trafficking is an international and domestic web of crime affecting the health of victims, young and old, male and female. The physical, mental and emotional ramifications of such crimes impact individuals, as well as their communities. An understanding of the complex issue allows healthcare professionals to develop research, evidence-based practices and action protocols.

This toolkit will provide healthcare professionals with the following:

- ▶ A synopsis of human trafficking as a health care issue
- ▶ Material about the clinical indications of different forms of trafficking
- ▶ Information to help professionals identify, assess, and respond to the needs of trafficking victims who have sought medical services
- ▶ Resources for patient referral

While human trafficking has been around throughout history, it has only recently been discussed at the cultural and individual levels. The identification of this simultaneously worldwide and local epidemic has not burgeoned at a similar rate. This toolkit was created with that objective in mind.

SPECIAL THANKS

The Genesee County Medical Society, Greater Flint Health Coalition, and the Michigan Department of Health and Human Services would like to offer a special thanks to the professionals that made up the Toolkit Review Committee, as they worked to ensure that all resources put forth were effective for healthcare professionals. Special recognition goes to Kristin McBride, MSW who researched, wrote, rewrote, shepherded and staffed the development and completion of this Human Trafficking Toolkit for Health Care Professionals.

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NATIONAL HUMAN TRAFFICKING RESOURCE CENTER

1-888-373-7888

OR TEXT: HELP TO BEFREE (233733)

Further information on reporting and resources can be found on pages 18 and 21 respectively.

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OVERVIEW

While the United Nations and the United States both offer comprehensive definitions for human trafficking, this toolkit is focused specifically on crimes in Michigan and, as such, will utilize the definition as provided by the Michigan Legislature.

STATE OF MICHIGAN TRAFFICKING DEFINITIONS

The State of Michigan prohibits forced labor or services, debt bondage, prohibited conduct, and specifically trafficking a minor. "Labor" is defined as work of economic or financial value. "Services" refers to an ongoing relationship between a person and an individual in which the individual performs activities under the supervision of or for the benefit of the person, including, but not limited to, commercial sexual activity and sexually explicit performances. "Force, fraud or coercion" is defined within the law as being a necessary component in cases of labor or services, debt bondage and prohibited conduct; however, force, fraud, or coercion are not necessary as it relates to prohibited conduct with a minor. The Michigan statutes that define forced labor or services, debt bondage, prohibited conduct and trafficking as it relates to minors may be accessed via these links, respectively:

- ▶ **750.462b Forced labor or services; prohibition:**
[http://www.legislature.mi.gov/\(S\(swhrlwct2qbekz5kr15bfgai\)\)/mileg.aspx?page=getObject&objectName=mcl-750-462b](http://www.legislature.mi.gov/(S(swhrlwct2qbekz5kr15bfgai))/mileg.aspx?page=getObject&objectName=mcl-750-462b)
- ▶ **750.462c Holding individual in debt bondage:**
[http://www.legislature.mi.gov/\(S\(idpisqydxqj4dnlihsocgaw\)\)/mileg.aspx?page=getObject&objectName=mcl-750-462c](http://www.legislature.mi.gov/(S(idpisqydxqj4dnlihsocgaw))/mileg.aspx?page=getObject&objectName=mcl-750-462c)
- ▶ **750.462d Prohibited conduct:**
[http://www.legislature.mi.gov/\(S\(yzpvggmmogep1uprvzqkq5i5\)\)/mileg.aspx?page=getObject&objectName=mcl-750-462d](http://www.legislature.mi.gov/(S(yzpvggmmogep1uprvzqkq5i5))/mileg.aspx?page=getObject&objectName=mcl-750-462d)
- ▶ **750.462e Forced labor or services; prohibited conduct as it relates to age of minor:**
[http://www.legislature.mi.gov/\(S\(rifhksc2nlrhubjoog2kysez\)\)/mileg.aspx?page=getObject&objectName=mcl-750-462e](http://www.legislature.mi.gov/(S(rifhksc2nlrhubjoog2kysez))/mileg.aspx?page=getObject&objectName=mcl-750-462e)



HUMAN TRAFFICKING IS MODERN DAY SLAVERY

CONTACT THE NATIONAL HUMAN TRAFFICKING RESOURCE CENTER

1-888-373-7888 OR TEXT "HELP" TO
BEFREE (233733)

TYPES OF TRAFFICKING

For the purposes of this toolkit, the different types of trafficking will be identified as they relate to State of Michigan laws. Forced labor or services, debt bondage and trafficking of minors are the most common forms of human trafficking within the state.

1. LABOR TRAFFICKING

Both U.S. citizens and immigrants who are in the state of Michigan either legally or illegally can fall victim to labor trafficking. Regardless of citizenship or immigrant status, using force, fraud or coercion to procure an employee is illegal and should be reported.

- ▶ **Forced Labor** transpires when a person is forced to work against their will under threat of violence or punishment. Often the victim is unable to come and go as they please and physical and/or sexual violence is exerted to maintain control. Forced labor can occur in any industry, but is often found in agriculture, landscaping, manufacturing, hospitality, service industries, restaurants and domestic settings.
- ▶ **Debt Bondage** transpires when a person's labor is required to repay a debt wherein the terms of repayment have not been defined or agreed upon or where the value of the victim's service is not subtracted from the debt. The victim then is trapped in a cycle of coerced labor with no reasonable means to repay the debt.

2. SEX TRAFFICKING

Victims of sex trafficking may be recruited into the sex trade as minors or adults and are sought after by male and female traffickers. Female traffickers may act in a sisterly role or as a "madam," or gain trust and offer promises of a better life or as a "cougar" or "girlfriend" to younger men. Male traffickers often utilize a "boyfriend" or "daddy" approach offering love, emotional affirmation, financial assistance or protection.

Individuals who become victims of sex trafficking are often involved in several different operations including street prostitution, brothel work, internet prostitution, pornography or coerced employment in jobs such as exotic dancing, stripping, escorting, massage parlor work or as "companions" at truck stops.

3. TRAFFICKING OF MINORS

Minors can be trafficked into forced labor or sex trade operations. Minors who are tricked into forced labor are often promised wages, jobs or education that are not delivered. Threats of violence toward a victim or their family often keep them embroiled in their industry. Minors who are engaged in the sex trafficking industry can be coerced away from a stable home, or they may be runaways forced to engage in "survival sex" by trading sex acts for basic necessities. Sex trafficking does not discriminate between girls and boys. Individuals who identify as lesbian, gay, bisexual or transgender are frequent targets of commercial sexual exploitation.

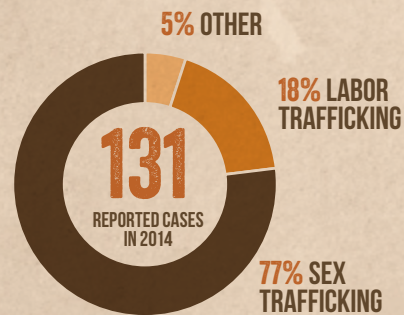
HUMAN TRAFFICKING IN MICHIGAN

Source: National Human Trafficking Resource Center



THE NATIONAL HUMAN TRAFFICKING RESOURCE CENTER HAS RECEIVED 1,818 CALLS FROM MICHIGAN

435 TOTAL CASES OF TRAFFICKING HAVE BEEN IDENTIFIED BETWEEN DECEMBER 2007 AND MAY 2015.



EPIDEMIOLOGY

While human trafficking awareness and reporting are increasing, the accurate scope of the problem is undetermined. This is due to fear of disclosure, the surreptitiousness of the industry, the stigma and shame on the part of the victim, a lack of appropriate education to identify oneself as a human trafficking victim, and challenges in data collection.

Most native figures have been created by border security, immigration, migration or criminal justice sources, rather than from the health sector. Yet, it is actually the healthcare industry that is found to come in contact with more trafficking victims than any other industry. Without accurate data from healthcare, the fight against human trafficking continues to face challenges in terms of generating evidence-based practice, generating cost-effective healthcare options, and advancing basic research.

According to the National Human Trafficking Resource Center, 1,818 total calls from Michigan have been made to the National Human Trafficking Resource Center Hotline and 435 total cases have been identified between December 2007 and May 2015. Of the 131 cases reported in Michigan in 2014, 77 percent were classified as sex trafficking while 18 percent were classified as labor trafficking (the remaining percentage of cases are listed as "trafficking type not specified" or "sex and labor trafficking"). The top industries for labor trafficking were health and beauty services, traveling sales crews, and food service making up 61 percent of the labor trafficking cases. The top venues identified among the sex trafficking cases in 2014 were residential brothels, online ads, pornography, commercial-front brothels, and hotel/motel-based locations ranging from 7 to 15 percent, respectively.

The demographics of the 2014 cases in Michigan are of interest; 114 cases involved females while 16 involved males. Eighty-two cases involved adults, while 47 involved minors. Fifty-four cases involved U.S. citizens or lawful permanent residents, while 21 cases involved foreign nationals. These statistics are non-cumulative because cases may involve multiple victims and include males and females, foreign nationals and U.S. citizens, adults and minors. In some cases, callers do not provide demographic information.

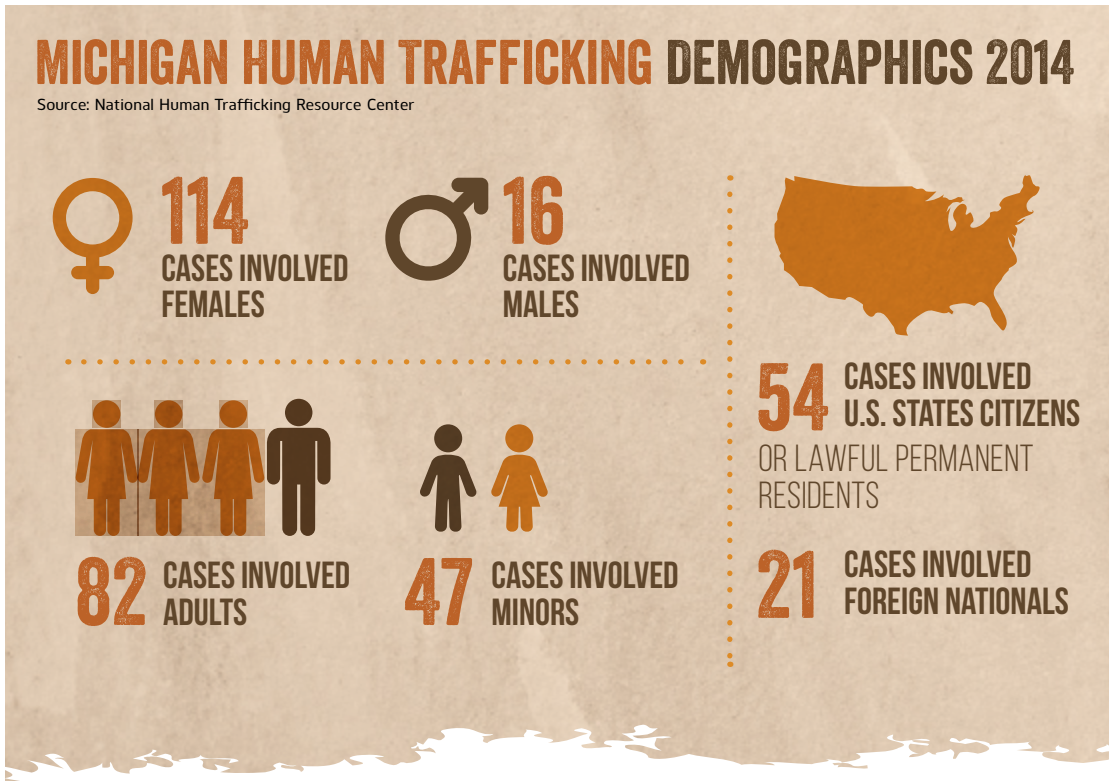
RISK FACTORS

Human trafficking does not discriminate, however, there are certain circumstances that increase an individual's chance of being exploited. While gender is not the only determinant, women and girls make up the majority of trafficking victims. Living in extreme poverty, having experienced abuse or family instability, having had minimal education, or identification with a marginalized group, such as minority gender identity, ethnicity, or cultural group, creates a higher risk of being victimized.

According to the social ecological model, a person may experience "push" and "pull" factors at the individual, interpersonal, community, and societal levels, which will either push them away from their current circumstances or pull them toward a seemingly desired opportunity. Some push factors present at the individual level include young age, lack of education, individual vulnerability, or a history of abuse. Pull factors include glamour, anonymity of city life, or hope for future love, fame or success.

The interpersonal level includes push factors such as obligation to help family, peer influences, desire to please a "boyfriend" or "girlfriend," or the need to belong. Pull factors at this level include deception and misplaced trust in promises made by others.

Becoming aware of push and pull factors present in the community helps increase the likelihood that a victim may be identified and treated with dignity and respect. It also helps prevent future victims through the creation of awareness, outreach, education and service delivery opportunities.



TRAFFICKERS

There is not a set mold that will help identify traffickers. It is important to know that while victims may be trafficked by strangers, many are also trafficked by friends or family. Traffickers can be male or female, work independently or as part of a network. They can be a U.S. citizen or a foreign national.

Traffickers gain power over their victims through the use of several different techniques, including physical violence, sexual violence, intimidation, emotional violence, coercion, threats and economic coercion. Here are some of the techniques employed:

PHYSICAL VIOLENCE	<ul style="list-style-type: none"> ■ Beating ■ Branding ■ Tattooing ■ Cigarette burns 	<ul style="list-style-type: none"> ■ Forced drug use ■ Starvation ■ Sleep deprivation ■ Strangulation
SEXUAL VIOLENCE	<ul style="list-style-type: none"> ■ Rape ■ Gang rape ■ Rape with denigrating rituals 	<ul style="list-style-type: none"> ■ Exotic dancing ■ Webcam pornography ■ Prostitution
INTIMIDATION	<ul style="list-style-type: none"> ■ Display beatings of others 	<ul style="list-style-type: none"> ■ Threats with weapons
EMOTIONAL VIOLENCE	<ul style="list-style-type: none"> ■ Shame and humiliation ■ Isolation ■ Restricted movement 	<ul style="list-style-type: none"> ■ Threats of expulsion ■ Threats of deportation ■ Fostering confusion through alternating violence and kindness
COERCION AND THREATS	<ul style="list-style-type: none"> ■ Threats of violence against family members 	<ul style="list-style-type: none"> ■ Blackmail ■ Extortion
ECONOMIC COERCION	<ul style="list-style-type: none"> ■ Confiscation of assets (money, papers, travel tickets) 	<ul style="list-style-type: none"> ■ Creating charges for disobedience

HEALTHCARE SETTING

BARRIERS TO DISCLOSURE

It is important for healthcare workers to understand that the trauma that trafficking victims have endured can be a deterrent to disclosure. Opening up to a professional often occurs only after rapport has been established. Even in cases where rapport has been established, it may not be enough for a victim to disclose.

Most victims of human trafficking have experienced a multitude of coercive techniques continuously to instill fear. Victims may even feel emotionally connected to their trafficker and use a relationship with him or her to secure better treatment. The relationship between a trafficked person and their trafficker may involve many different conflicting emotions and may be seen as the most predictable of all possible situations for the victim.

Some trafficked persons will use the healthcare setting as a way to test whether it is a safe space, and will only divulge their situation after two or more trips seeking treatment. In order to encourage possible victims to open up, physicians and other healthcare professionals are asked to engage in a trauma-based model of interaction. It is most important for healthcare providers to maintain patient, empathetic, culturally aware, trauma-informed care for all of their patients.

HEALTH EFFECTS

Identifying human trafficking victims and connecting them to resources is extremely important for each community in Michigan. The physical, developmental and mental health patterns of a community in the present will have a profound effect on the opportunities of that community in the future.

Many trafficking victims report having experienced physical, mental, emotional or sexual trauma as children. This is important to note, as these experiences often go untreated, and then are compounded by current traumas, stressors, physical conditions and mental health disorders. Trauma-informed care is acutely important when attempting to identify trafficking victims because of their past and present experiences with trauma. Keep the possibility of untreated past trauma in mind when looking for current physical and mental health effects of trafficking.

Several common effects of human trafficking are:

PHYSICAL INJURY

Victims may suffer from many different physical injuries, including:

- ▶ Burns
- ▶ Branding, tattoos, and other purposeful and permanent marks of "ownership"
- ▶ Blunt force trauma
- ▶ Firearm and knife wounds
- ▶ Strangulation injuries
- ▶ Fractures
- ▶ Dental and oral cavity injuries
- ▶ Scarring from unattended prior injuries



TRAFFICKING OCCURS IN EVERY STATE

CONTACT THE NATIONAL HUMAN TRAFFICKING RESOURCE CENTER

1-888-373-7888 OR TEXT "HELP" TO
BEFREE (233733)

REPRODUCTIVE INJURY

Victims of either labor or sex trafficking may also experience reproductive injuries that can affect both the victim's physical and mental well being:

- ▶ Rape or gang rape injury
- ▶ Genital trauma
- ▶ Repeated unwanted pregnancy
- ▶ Forced abortion
- ▶ Complications from repeated or poorly performed abortions
- ▶ Sexually transmitted infections

DEVELOPMENTAL ISSUES

Children who are victims of trafficking are often at risk for physical, cognitive and emotional developmental health consequences, including:

- ▶ Impaired social skills
- ▶ Delayed physical developmental milestones
- ▶ Delayed cognitive developmental milestones
- ▶ Stunted growth and other consequences of poor nutrition

MENTAL HEALTH ISSUES

Due to trauma experienced while being trafficked, many victims suffer from panic attacks, sleep disturbances, dissociative disorders, depression, suicidal ideations, intense anxiety, stigma and hopelessness. All of these may be chronic, long-term issues that further complicate a survivor's goal of returning to life, post-trauma.

COMPREHENSIVE ISSUES

As most individuals being exploited by traffickers do not have access to primary or preventive care, many issues that may have been simple to treat can become chronic health conditions, for example:

- ▶ Dental disease
- ▶ Headaches
- ▶ Fatigue
- ▶ Substance abuse
- ▶ Chronic pain
- ▶ Abdominal complaints
- ▶ Malnutrition
- ▶ Infectious diseases

SOME TRAFFICKED PERSONS USE THE HEALTHCARE SETTING AS A WAY TO TEST WHETHER IT IS A SAFE SPACE, AND WILL ONLY DIVULGE THEIR SITUATION AFTER TWO OR MORE TRIPS SEEKING TREATMENT.



ASSESSMENT & EVALUATION of At-Risk Individuals

GUIDING PRINCIPLES OF ASSESSMENT AND CARE

In order to offer the most comprehensive care to victims of human trafficking, physicians should:

1. Utilize a trauma-informed and culturally sensitive approach to the care of all patients
2. Collaborate with and seek advice from colleagues with expertise in human trafficking or violence prevention work
3. Work with social service providers, anti-trafficking coalitions, case managers, social workers and advocates to guarantee wraparound referral services

TRAUMA-INFORMED CARE

Due to the nature of human trafficking, routine procedures may be experienced as triggering, threatening and anxiety producing. In order to reduce instances of re-traumatization, physicians should treat all patients with compassion and empathy, as though they have experienced some form of trauma. The goals of the trauma-informed approach are to:

1. Reduce re-traumatization
2. Highlight patient strengths and resilience
3. Promote healing and recovery
4. Support the development of health coping mechanisms

A trauma-informed approach can help all patients feel more at ease when receiving medical evaluation or treatment. All patients are assumed to have experienced some form of trauma in their past, and physicians then modify their approach appropriately. Just as precautions were adopted to prevent the spread of blood-borne pathogens, so too can a trauma-informed approach prevent re-traumatization when implemented. Please see "Questions for Patients" on page 13 for examples of how to effectively approach patients believed to be trafficked.

RED FLAG INDICATORS

Experts within the anti-trafficking community have identified several "red flags" as possible indicators of human trafficking. Clinicians should be aware of these "red flags" in order to note their presence as they appear during medical examinations and/or treatment:

- ▶ Evidence of physical violence
- ▶ Tattoos or marks that may indicate ownership (names, brands, logos, etc.)
- ▶ Delayed presentation for medical care
- ▶ Discrepancies between stated history and clinical presentation
- ▶ Pattern of injury
- ▶ Scripted or mechanically recited history
- ▶ Stated age older than appearance
- ▶ Inability to produce identification documents
- ▶ Reluctance or inability to speak on one's own behalf
- ▶ Accompanying individual answers for the patient
- ▶ Accompanying individual refuses to leave examination room
- ▶ Accompanying individual insists on providing translation
- ▶ Subordinate, hyper-vigilant or fearful demeanor
- ▶ Frequent change of location or domicile
- ▶ Recurrent sexually transmitted infections
- ▶ Frequent or forced abortion
- ▶ Multiple or frequent pregnancies
- ▶ Occupational-type injuries without evidence of legitimate employment
- ▶ Physical ailments
- ▶ Burn marks
- ▶ Post-inflammatory hyperpigmentation

Commercial sexual exploitation of children (CSEC) should be suspected and reported if children or young adults present with any of the following:

- ▶ Presentation to healthcare setting with non-guardian or unrelated adult
- ▶ Over-familiarity with sexual terms and practices

- ▶ Access to material possessions one would doubt the patient could afford
- ▶ Excessive number of sexual partners
- ▶ History of truancy
- ▶ Recurrent episodes of running away
- ▶ Tattoos that may exhibit ownership
- ▶ Fearful attachment to a cell phone (often used for monitoring by traffickers)

The previous “red flags” may also indicate the exploitation of a minor who has not yet been trafficked but who may currently be experiencing “grooming” from a trafficker. During grooming the minor is being enticed and controlled before the commercial sexual exploitation.

QUESTIONS FOR PATIENTS

Physicians and healthcare providers should familiarize themselves with the “red flag” indicators, so that they may ask the corresponding questions. It is important to again note that physicians should always first establish rapport prior to asking probing questions.

Healthcare professionals should always ensure that these questions are asked when the patient is alone and away from any accompanying individuals and any potential tracking or listening device such as cell phones. Should this be impossible, the following inquiry should be delayed until a future time when privacy can be guaranteed. While this may seem counterintuitive, the literature indicates raising suspicion with a victim’s trafficker can be more dangerous for the victim than releasing them back to their situation.

Inquiry should be done in a private and confidential room in a manner that is seen as compassionate, supportive, empathetic and safe. If a translator is necessary, physicians and healthcare professionals may acquire a third party, professional medical interpreter, so that patients feel safe and to avoid stigmatization. In the absence of a third party interpreter, remote telephone interpretation services may be sought.

HUMAN TRAFFICKING VICTIM RISK FACTORS



WOMEN & GIRLS
MAKE UP THE MAJORITY
OF TRAFFICKING VICTIMS

ADDITIONAL RISK FACTORS:

- MINIMAL EDUCATION
- HISTORY OF ABUSE OR FAMILY INSTABILITY
- IDENTIFICATION WITH A MARGINALIZED GROUP



EXTREME POVERTY
CREATES A HIGHER RISK OF
BEING VICTIMIZED



Based on the prevalence of the aforementioned “red flags,” physicians are able to use the following screening tools to determine if follow-up questions relating to physical trauma, sexual trauma, drug use or work-related injuries are necessary.

SCREENING TOOL FOR ADULTS

Asking these questions will give healthcare providers a positive or negative screen that will enable them to refer patients to a social worker or to law enforcement who may conduct more in depth interviewing to determine the patient’s status as a trafficked person.

1. Have you ever broken any bones, had any cuts that required stitches, or been knocked unconscious? Accidental injuries should be included.
2. People often use drugs or drink alcohol. Do you use drugs five or more times a week or drink two or more alcoholic beverages six or more times a week?
3. Sometimes people become involved with the police. Have you ever had any problems with the police?
4. Has anyone ever prevented you from leaving a residence or a job through intimidation, threats, blackmail or force?
5. Has a boyfriend, a girlfriend or anyone else asked or forced you to do something sexual with *another* person (including oral sex, vaginal sex or anal sex)?
6. Has anyone ever asked or forced you to do work which made you feel uncomfortable, such as work at a restaurant, work at a massage parlor, or dance at a strip club?
7. Sometimes people are in a position where they really need money, drugs, food or a place to stay. Have you ever traded sex for money, drugs, a place to stay, a cell phone, safety or something else?



A positive answer to two or more questions is considered a positive screen for human trafficking.

Following a positive screen for human trafficking, further interviewing may be encouraged should the patient feel comfortable.

NATIONAL HUMAN TRAFFICKING RESOURCE CENTER
1-888-373-7888 OR TEXT “HELP” TO BEFREE (233733)



SCREENING TOOL FOR MINORS

1. Have you ever broken any bones, had any cuts that required stitches, or been knocked unconscious? (These could be accidental or inflicted.)
2. Some kids have a hard time living at home and feel that they need to run away. Have you ever run away from home?
3. Kids often use drugs or drink alcohol, and different kids use different drugs. Have you used drugs or alcohol in the last 12 months?
4. Sometimes kids have been involved with the police – maybe for running away, for breaking curfew, for shoplifting. There can be lots of different reasons. Have you ever had any problems with the police?

IF THE CHILD IS SEXUALLY ACTIVE,

5. Since the first time you had sex (oral, vaginal or anal), how many partners have you had? (More than five partners is considered “positive.”)
6. Have you ever had a sexually transmitted disease, like herpes, gonorrhea, chlamydia or trichomonas?



A positive answer to two or more questions is considered a positive screen for human trafficking.

Suggested questions to help find out more about whether or not a child is actually a victim are:

- ▶ Has a boyfriend, a girlfriend, or anyone else asked or forced you to do something sexual with *another* person (including oral sex, vaginal sex, or anal sex)?
- ▶ Has anyone ever asked or forced you to do some sexual act in public, like dance at a bar or a strip club?
- ▶ Sometimes kids are in a position where they really need money, drugs, food or a place to stay. Have you ever traded sex for money, drugs, a place to stay, a cell phone or something else?

Following a positive screen for human trafficking, further interviewing may be encouraged should the patient feel comfortable.

NATIONAL HUMAN TRAFFICKING RESOURCE CENTER
1-888-373-7888 OR TEXT “HELP” TO BEFREE (233733)



FURTHER INTERVIEW QUESTIONS

EVIDENCE OF PHYSICAL TRAUMA

- Have you been physically harmed by your employer?
 - What are your working/living conditions like?
 - Where do you live, sleep and eat?
 - Would you know how to seek help if you needed it?
 - Are you afraid to get help?
 - Has your identification been taken away from you?
-

EVIDENCE OF SEXUAL TRAUMA

- Have you been sexually harmed by your employer?
 - Can you come and go as you please?
 - Do you have to ask permission to eat, sleep or use the bathroom?
 - Has anyone ever forced you to have sex when you didn't want to?
 - Have you ever exchanged sex for food, shelter, drugs or money?
 - Have you been forced to perform sex acts to pay off a debt?
 - Have you ever run away from home or from a program?
 - Are you scared of or frightened by people in your everyday life?
 - Would you know how to seek help if you needed it?
 - Are you afraid to get help?
 - Do you feel that people are forcing you to do things you don't want to do?
 - Where do you live, sleep and eat?
 - Has your identification been taken away from you?
-

EVIDENCE OF DRUG USE

- Have you ever exchanged sex for food, shelter, drugs or money?
 - Have you been forced to perform sex acts to pay off a debt?
 - Have you ever run away from home or from a program?
 - Where do you live, sleep and eat?
 - Would you know how to seek help if you needed it?
 - Are you afraid to get help?
 - Has your identification been taken away from you?
-

EVIDENCE OF WORK-RELATED TRAUMA

- How many hours per day do you work? What kind of time off do you receive?
 - Are you paid for the work you do? How much?
 - Can you come and go as you please?
 - Can you quit your job if you want to?
 - Have you been threatened with harm if you try to leave?
 - Have you been physically harmed by your employer?
 - Have you been sexually harmed by your employer?
 - Has anyone threatened to or harmed your family?
 - What are your working/living conditions like?
 - Do you feel that people are forcing you to do things you don't want to do?
 - Are you scared of or frightened by people in your work setting?
 - Would you know how to seek help if you needed it?
 - Are you afraid to get help?
 - Where do you live, sleep and eat?
 - Has your identification been taken away from you?
-





REPORTING

ADULT PATIENTS

At this time, healthcare providers are not required to report suspected instances of human trafficking to law enforcement. Should a physician or healthcare professional suspect their patient may be a victim of trafficking and has established rapport with said patient, the next step is asking if they would like help. If an adult patient wants help getting away from their trafficker, law enforcement should be contacted, as well as the National Human Trafficking Resource Center Hotline (NHTRC). If an adult patient is not yet ready to contact law enforcement, offer the number for the NHTRC and report your suspicions to the hotline following the patient's departure. The NHTRC may ask for demographic information for statistical purposes. Call the NHTRC at 1-888-373-7888 or text HELP to BeFree (233733).

MINORS

In the State of Michigan, healthcare providers who have reasonable cause to believe a minor is suffering physical, emotional or sexual injury resulting from exploitation or human trafficking are mandated to report their suspicion first to the Michigan Department of Health and Human Services (DHS) central intake number at 1-855-444-3911, and then to law enforcement, and finally to the NHTRC.

Reporting for minors in Michigan must occur within 24 hours of the medical examination or treatment that caused suspicion for the healthcare provider at the following number: DHS central intake: 1-855-444-3911

REPORTING PROCEDURE

In Michigan, healthcare providers are mandated reporters of child abuse and neglect. Commercial sexual exploitation/sex trafficking is considered a form of child abuse. Therefore, when physicians, nurses or social workers have a reasonable suspicion that a child is a victim of CSEC or sex trafficking, they are mandated to contact authorities. At least three referrals need to be made:

1. Michigan Department of Health and Human Services (DHS)

central intake number: 1-855-444-3911

2. Law enforcement (any option):

A. Police or Sheriff in jurisdiction where trafficking/exploitation occurred (if known)

B. Call: Michigan Federal Bureau of Investigation 24/7 hotline: 313-965-2323

3. National Human Trafficking Resource Center Hotline

A. National anti-trafficking hotline available to answer calls 24 hours a day, seven days a week, in more than 200 languages operated by the Polaris Project.

B. Call: 1-888-373-7888 or Text: HELP to BeFree (233733)

FOR TRANSNATIONAL VICTIMS CONTACT:

U.S. Immigration and Customs Enforcement

A. This agency can provide immediate assistance with victim support, legal advocacy and needs assessment

B. Call: 1-866-872-4973

GLOSSARY OF COMMON TERMS

Used in Sex Trafficking

SLANG TERM	MEANING
The life, The game	Commercial sexual activities, typically involving prostitution
Pay for play (P4P)	Paid sex (term often used by buyers)
Daddy, Player	Exploiter, trafficker
Family, Stable	The victims under control of trafficker/exploiter; females may be referred to as "wife-in-laws," "sister-in-laws," or "wifeys."
Circuit, Track, Runway, Stroll	A given area associated with prostitution (may be streets, cities, states or regions)
Kiddie stroll	Area of prostitution involving victims younger than 16 years
Escort service	An organization that provides sexual services to buyers. This often involves advertising via the internet, appointments made via phone, and services provided by adolescents traveling to site of buyer ("out-call") or buyer coming to site of service ("in-call"); may include brothels, services at hotels, homes, other sites
Lot lizard	Person being prostituted at a truck stop
Seasoning	The process of preparing a victim for trafficking activities; involves breaking victims' will through use of physical and sexual violence, psychological manipulation and abuse, physical and emotional deprivation, isolation, threats, and intimidation
Gorilla pimp	Exploiter who controls mainly through use of physical violence
Turn out	The act of being forced into prostitution
Bottom	Manager/assistant to exploiter; usually female; supervises other victims in "family" or "stable"
Out of pocket	Situation when victim makes eye contact with another exploiter (strictly forbidden) or otherwise shows disrespect to her/his exploiter
Pimp circle	Punishment for violation by victim; several exploiters surround the victim and humiliate, verbally, and/or physically abuse her.
Golden showers	Urinating on trafficking victim during paid sexual activity
Ho line	A communication network used by pimps between cities/states/regions; used to buy/sell victims
Squaring up	Attempting to escape prostitution

RESOURCES

■ **Polaris Project**

www.polarisproject.org

■ **Michigan Attorney General**

www.michigan.gov/ag

■ **Shared Hope International**

<http://sharedhope.org>

■ **Michigan Human Trafficking Task Force**

www.facebook.com/MHTTF

■ **Institute of Medicine Report – Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States**

www.iom.edu/Reports/2013/Confronting-Commercial-Sexual-Exploitation-and-Sex-Trafficking-of-Minors-in-the-United-States.aspx

■ **The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities from Beazley Institute of Health Law and Policy**

www.annalsofhealthlaw.com/annalsofhealthlaw/vol_23_issue_1?pg=94#pg69

■ **Human Trafficking: Guidebook on Identification, Assessment, and Response in the Health Care Setting: Mass General Hospital and Massachusetts Medical Society**

www.massmed.org/Patient-Care/Health-Topics/Violence-Prevention-and-Intervention/Human-Trafficking-%28pdf%29/

■ **National Human Trafficking Resource Center: Online Trainings**

traffickingresourcecenter.org/nhtrc-hhs-online-trainings

■ **National Human Trafficking Resource Center: Michigan Statistics**

traffickingresourcecenter.org/state/michigan

■ **Theresa L. Flores, *The Slave Across the Street***. Garden City, ID: Ampelon, 2010.

■ **Kevin Bales & Ron Soodalter, *The Slave Next Door***. Oakland, CA: University of California Press, 2010.

**PLEASE VISIT THE GENESEE COUNTY HUMAN TRAFFICKING
TASK FORCE FOR MORE INFORMATION**

WWW.FACEBOOK.COM/GCHTTF



HUMAN TRAFFICKING IS AN INTERNATIONAL AND DOMESTIC WEB OF CRIME AFFECTING THE HEALTH OF VICTIMS, YOUNG AND OLD, MALE AND FEMALE.

HUMAN TRAFFICKING IS MODERN DAY SLAVERY

MYTH: YOU HAVE TO BE AN IMMIGRANT TO BE TRAFFICKED.

FACT: Both foreign nationals and U.S. citizens are trafficked in and out of the country. Human trafficking does not discriminate based upon nationality or citizenship.

MYTH: TRAFFICKING VICTIMS KNOW THEY ARE BEING TRAFFICKED AND WILL ASK FOR HELP.

FACT: Many victims do not realize they are victims of a crime until years after the offense and often do not seek immediate help. Lack of trust, self-blame, and fear of retaliation from the traffickers are only a few of the factors that keep victims trapped in their situations.

MYTH: PHYSICAL RESTRAINT OR FORCE ARE NECESSARY TO QUALIFY AS HUMAN TRAFFICKING.

FACT: Psychological elements of control such as threats, fraud, and emotional abuse are sufficient enough for a situation to be classified as human trafficking.

MYTH: SEX TRAFFICKING IS THE ONLY FORM OF HUMAN TRAFFICKING.

FACT: Both sex trafficking and labor trafficking are acknowledged by the federal definition of human trafficking and men, women, and children are susceptible to both forms of trafficking.

MYTH: VICTIMS OF HUMAN TRAFFICKING ALWAYS COME FROM IMPOVERISHED SITUATIONS.

FACT: While poverty can be a factor in human trafficking because it increases vulnerability, it is not the only indicator that a person can, will, or has been trafficked. Trafficked individuals can come from any income level.

NATIONAL HUMAN TRAFFICKING RESOURCE CENTER

1-888-373-7888

OR TEXT: HELP TO BEFREE (233733)



PLEASE VISIT THE GENESEE COUNTY HUMAN TRAFFICKING TASK FORCE FOR MORE INFORMATION. WWW.FACEBOOK.COM/GCHTTF



HUMAN TRAFFICKING IS RIGHT HERE IN MICHIGAN

Human trafficking is an international and domestic web of crime affecting the health of victims, young and old, male and female.

If you suspect someone may be a victim of human trafficking, learn how to help by calling the National Human Trafficking Resource Center Hotline.

NATIONAL HUMAN TRAFFICKING RESOURCE CENTER

1-888-373-7888

OR TEXT: HELP TO BEFREE (233733)



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FOR MORE INFORMATION. WWW.FACEBOOK.COM/GCHTTF

HUMAN TRAFFICKING Victim Identification

PATIENT NAME: _____

The following signs may indicate a person is being trafficked:

- With a controlling person; unable to speak on own behalf
- Lack of control over schedule, money, personal documents
- Transported to and from work
- Works and lives in the same place
- Debt owed to employer
- Bruises, depression, fear, overly submissive

You may be a victim of human trafficking if any of the following are true:

- You have to ask permission to eat, sleep, or go to the bathroom
- You cannot leave your residence

- You cannot quit your job
- You do not have your identification documents in your possession
- You are being asked to do sexual acts for someone other than your significant other

Do you believe you or someone else may be a victim of human trafficking? What to do:

- ▶ Call Federal Bureau of Investigation 313-965-2323 [24/7]
- ▶ Call National Human Trafficking Resource Center 1-888-373-7888 [24/7]
- ▶ Call Department of Human Services 1-855-444-3911 [24/7]
- ▶ Call Local Police

PHYSICIAN SIGNATURE: _____

DATE: _____



PLEASE VISIT THE GENESEE COUNTY HUMAN TRAFFICKING TASK FORCE FOR MORE INFORMATION. WWW.FACEBOOK.COM/GCHTTF
 NATIONAL HUMAN TRAFFICKING RESOURCE CENTER HOTLINE 1-888-373-7888

Human trafficking is an international and domestic web of crime affecting the health of victims, young and old, male and female.

From 2012 to 2014 the State of Michigan saw a 90% increase in reported human trafficking cases and a 107% increase in calls to the National Human Trafficking Resource Center. As awareness increases, reporting increases; know the signs of human trafficking.

The State of Michigan prohibits forced labor or services, debt bondage, prohibited conduct, and specifically trafficking a minor. "Labor" is defined as work of economical or financial value. "Services" refers to an ongoing relationship between a person and an individual in which the individual performs activities under the supervision of or for the benefit of the person, including, but not limited to commercial sexual activity and sexually explicit performances. "Force, fraud, or coercion" is defined within the law as being a necessary component in cases of labor or services, debt bondage, and prohibited conduct; HOWEVER, force, fraud, or coercion are not necessary as it relates to prohibited conduct with a minor.

If you believe you or someone else may be a victim of human trafficking, call the National Human Trafficking Resource Center at 1-888-373-7888 to learn more about human trafficking and the resources that may be available to you.



PLEASE VISIT THE GENESEE COUNTY HUMAN TRAFFICKING TASK FORCE FOR MORE INFORMATION. WWW.FACEBOOK.COM/GCHTTF
 NATIONAL HUMAN TRAFFICKING RESOURCE CENTER HOTLINE 1-888-373-7888

SCREENING TOOL FOR SUSPECTED UNDERAGE VICTIMS OF HUMAN TRAFFICKING

- Have you ever broken any bones, had any cuts that required stitches, or been knocked unconscious? (These could be accidental or inflicted.)
- Some kids have a hard time living at home and feel that they need to run away. Have you ever run away from home?
- Kids often use drugs or drink alcohol, and different kids use different drugs. Have you used drugs or alcohol in the last 12 months?
- Sometimes kids have been involved with the police – maybe for running away, for breaking curfew, for shoplifting. There can be lots of different reasons. Have you ever had any problems with the police?

If the child is sexually active,

- Since the first time you had sex (oral, vaginal or anal), how many partners have you had? (More than five partners is considered “positive.”)
- Have you ever had a sexually transmitted disease, like herpes, gonorrhea, chlamydia or trichomonas?



A POSITIVE ANSWER TO TWO OR MORE QUESTIONS IS CONSIDERED A POSITIVE SCREEN FOR HUMAN TRAFFICKING.

Suggested questions to help find out more about whether or not a child is actually a victim are:

- Has a boyfriend, a girlfriend, or anyone else asked or forced you to do something sexual with another person (including oral sex, vaginal sex, or anal sex)?
- Has anyone ever asked or forced you to do some sexual act in public, like dance at a bar or a strip club?
- Sometimes kids are in a position where they really need money, drugs, food or a place to stay. Have you ever traded sex for money, drugs, a place to stay, a cell phone or something else?

Following a positive screen for human trafficking, further interviewing may be encouraged should the patient feel comfortable.



**PLEASE VISIT THE GENESEE COUNTY HUMAN TRAFFICKING TASK FORCE FOR MORE INFORMATION. WWW.FACEBOOK.COM/GCHTTF
HUMAN TRAFFICKING RESOURCE CENTER HOTLINE 1-888-373-7888**

SCREENING TOOL FOR SUSPECTED ADULT VICTIMS OF HUMAN TRAFFICKING

Asking these questions will give healthcare providers a positive or negative screen that will enable them to refer patients to a social worker or to law enforcement who may conduct more in depth interviewing to determine the patient's status as a trafficked person.

- Have you ever broken any bones, had any cuts that required stitches, or been knocked unconscious? Accidental injuries should be included.
- People often use drugs or drink alcohol. Do you use drugs five or more times a week or drink two or more alcoholic beverages six or more times a week?
- Sometimes people become involved with the police. Have you ever had any problems with the police?
- Has anyone ever prevented you from leaving a residence or a job through intimidation, threats, blackmail or force?
- Has a boyfriend, a girlfriend or anyone else asked or forced you to do something sexual with *another* person (including oral sex, vaginal sex or anal sex)?
- Has anyone ever asked or forced you to do work which made you feel uncomfortable, such as work at a restaurant, work at a massage parlor, or dance at a strip club?
- Sometimes people are in a position where they really need money, drugs, food or a place to stay. Have you ever traded sex for money, drugs, a place to stay, a cell phone, safety or something else?



A POSITIVE ANSWER TO TWO OR MORE QUESTIONS IS CONSIDERED A POSITIVE SCREEN FOR HUMAN TRAFFICKING.

Following a positive screen for human trafficking, further interviewing may be encouraged should the patient feel comfortable.



PLEASE VISIT THE GEORGIA COUNTY HUMAN TRAFFICKING TASK FORCE FOR MORE INFORMATION. WWW.FACEBOOK.COM/GCHTTF
HUMAN TRAFFICKING RESOURCE CENTER HOTLINE 1-888-373-7888



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OR PHONE (810)733-9923





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Join MSMS online at
www.joinmsms.org

State & County Medical Society Membership Application

Application Code:

- I am in my 1st year of practice post-residency.
- I am in my 2nd year of practice post-residency.
- I am in my 3rd year of practice post-residency.
- I have moved into Michigan, and this is my first year practicing in the state.
- I work 20 hours or less per week.
- I am currently in active military duty.
- I am in full-active practice.

Male Female

First (legal) Name: _____ Middle Name: _____ Last Name: _____ MD DO

Nickname or Preferred Form of Legal Name: _____ Maiden Name (if applicable): _____

Job Title: _____

W Phone: _____ W Fax: _____ H Phone: _____ H Fax: _____

Cell: _____ Email: _____

Office Address Preferred Mail Preferred Bill Preferred Mail and Bill

City: _____ State: _____ Zip: _____

Home Address Preferred Mail Preferred Bill Preferred Mail and Bill

City: _____ State: _____ Zip: _____

* Please base my county medical society membership on the county of my (if addresses are in different counties): Office Address Home Address

* Birth Date: ____ / ____ / ____ Birth Country: _____ MI Medical License #: _____ ME #: _____

Medical School: _____ Graduation Year: _____ ECFMG # (if applicable): _____

Residency Program: _____ Program Completion Year: _____

Fellowship Program: _____ Program Completion Year: _____

Hospital Affiliation: _____

• Primary Specialty: _____ Board Certified: Yes No

• Secondary Specialty: _____ Board Certified: Yes No

Marital Status: Single Married Divorced Spouse's First Name: _____ Spouse's Last Name: _____

Is your spouse a physician?: Yes No If yes, are they a member of MSMS?: Yes No

Within the last five years, have you been convicted of a felony crime?: Yes No If "yes", please provide full information: _____

Within the last five years, has your license to practice medicine in any jurisdiction been limited, suspended or revoked?: Yes No If "yes", please provide full information: _____

Within the last five years, have you been the subject of any disciplinary action by any medical society or hospital staff?: Yes No If "yes", please provide full information: _____

I agree to support the County Medical Society Constitution and Bylaws, the Michigan State Medical Society Constitution and Bylaws, and the Principles of Ethics of the American Medical Association as applied by the AMA and the MSMS Judicial Commission.

Signature: _____ Date: _____

County Medical Society Use Only
Reviewed and Approved by

When completed, please mail to MSMS or Fax to (517) 336-5797. Thank you!